

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200168	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan provider for outpatient therapy.	Reason for Decision: External review agency determined that since the insure was made aware of the fact that out-of-plan services would not be covered under their new plan and since there are in-plan services available, then this is not a covered benefit.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200169	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services in a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient was not suicidal and did not have any manic episodes while an inpatient. Therefore services beyond the last covered day are not medically necessary.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200171	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan therapist.	Reason for Decision: External review agency determined that the health plan acted in good faith by allowing the insured additional visits with the out-of-plan therapist in order to transition to an in-plan provider. There is no medically necessary reason for this patient to use an out-of-plan provider.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200178	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient was stable enough to be transferred to a partial hospital setting by the last covered day of service.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200181	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that more time was needed to make a valid assessment of the patient's safe disposition. Progress notes showed that he still posed a threat to himself and others.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200184	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that it would have been unsafe to discharge the patient. Therefore, services beyond the last covered day of service were medically necessary and should be covered by the health plan.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200186	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for outpatient services with an out-of-plan behavioral health therapist.	Reason for Decision: External review agency determined that there are many in-plan providers in the service area that can provide the patient with the necessary services.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200189	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for partial hospital care services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that partial hospital care was not the most appropriate level of service for this patient at this time. Services could have been provided in an outpatient program.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200191	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for behavioral health services in an intensive residential therapy program.	Reason for Decision: External review agency determined that this was the most appropriate setting for this patient under these circumstances, with this patient's history, and current condition.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200195	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for eating disorder treatment in a residential facility.	Reason for Decision: External review agency determined that the patient was not below 75% of ideal body weight and psychiatric disorders were being managed with outpatient treatment. Therefore, services in this setting were not medically necessary.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200198	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient's condition could have been treated at a partial hospital level of care with ongoing psychotherapy after the last covered day.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200205	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that proper care could not have been administered in another setting. Neuropsychological testing, careful observation, and psychotherapeutic intervention while gradually adjusting medications is properly done during an inpatient stay.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200208	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient was not a danger to self or others and could have been treated in an intensive outpatient program.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200209	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient's condition is not posing a threat to self or others, not acutely psychotic, and depression is controlled with medication. It is doubtful that further psychiatric care in a 24 hour facility will help towards improvement.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200212	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient would be unsafe if put into a partial hospital setting. Symptoms in the patient's history are still present. The patient's support network outside the hospital is also poor.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200218	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for an out-of-plan, outpatient therapist after several attempts at finding a convenient in-plan therapist.	Reason for Decision: External review agency determined that it was difficult for the insured to find an in-plan provider when one was needed. The first 3 visits should be covered, but following visits should not be since the search for an in-plan provider should have continued and one could have been available by the time the 3 rd covered visit was completed.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200225	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that his condition appears to warrant long-term chronic care in a closed setting such as a state hospital. Acute inpatient psychiatric care is not the most appropriate level of care and is therefore not a covered benefit.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200229	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that clinical problems persisted despite reasonable efforts by all providers. Nothing in the patient's record indicated improvement to a point capable of functionally living in the former environment. Therefore, services continue to be medically necessary and should be covered by the health plan.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200238	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for out-of-plan, outpatient therapist whom she had worked with for many years.	Reason for Decision: External review agency determined that major depression and cognitive-behavioral psychodynamic are common and can easily be provided by one of the many in-plan providers. Having a psychotherapist during stressful events is necessary, but one can be found in-plan.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200241	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient has plateaued in treatment and continues to need chronic care treatment. A state hospital setting is much better equipped to handle such a case and acute care is no longer necessary.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200249	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that although the patient showed persistent and severe character disorder traits and features, her course was stable and uneventful. There were no longer safety concerns and she was capable of working in an intensive outpatient program.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200251	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient did not meet the clinical criteria for inpatient psychiatric hospitalization since the patient did not pose a threat to harm or injure self or others. The patient was safe to discharge by the last covered day.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200252	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient substance abuse treatment at a moderate-to-long term facility.	Reason for Decision: External review agency determined that there is no evidence of withdrawal on admission or in the past. There is no documentation of physical or psychiatric complications that might have warranted a higher level of care.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200260	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that six additional days were needed since the patient's symptoms were persisting and time was need for medication changes and to monitor his response to them. After the sixth additional day, however, patient appears to stable.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200266	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan, outpatient therapist with whom the patient has been working with for some time and has had success with.	Reason for Decision: External review agency determined that there are no symptoms that would rule out a change to an in-plan provider and there is no demonstration of issues for which the relationship with the out-of-plan provider is pivotal to treatment.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200281	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient has no serious symptoms and further stay in an acute hospital or residential setting with 24hour coverage would prolong the behaviors and delay the patient's confrontation with the issues.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200282	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that eight additional days were medically necessary for stabilization and treatment of acute care symptoms and to complete assessments, prepare an appropriate treatment plan, and plan for discharge.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200283	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan, outpatient therapist.	Reason for Decision: External review agency determined that there is no evidence that the out-of-plan therapist's counseling is unique cannot be provided by contracted providers. Also, the insured's progress to this stage in the treatment will allow an easier transition to an in-plan provider.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200284	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that a diagnosis for this patient had been discovered and psychiatric symptoms did not change significantly during the inpatient stay. This suggests the condition is chronic. Services could have been provided safely in a rehab or skilled nursing setting.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200288	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that this is not the most appropriate level of care at this time since the patient improved on the treatment plan. However, the patient is persistently severely ill and further services are not likely to alter her behavior for a long period of time. This patient needs long term, highly structured care.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200289	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient had shown improvement and was in a treatment plan that was working. The patient was no longer acute and could be treated at a nursing facility level of care.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Care Not Medically Necessary
Case Number: 0200290	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for additional outpatient behavioral health visits.	Reason for Decision: External review agency determined that the therapist has a good working relationship with the patient and understands the complexity and seriousness of the diagnosis. The case notes from the therapist suggest that the patient accepted the authorized number of visits per quarter. The reviewer agrees that this number of sessions is sufficient.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200292	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient was stable for discharge to a supportive environment for supervision while waiting for residential placement.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200294	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient demonstrated admitting symptoms beyond the last covered day. Upon exam, a need for 24 hour care was indicated.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200296	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient substance abuse treatment.	Reason for Decision: External review agency determined that six additional days were medically necessary since the patient had ongoing active symptoms that required daily nursing and medical monitoring as well as supervision at night.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200299	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that despite not being suicidal, homicidal, or acutely psychotic, the patient was regressed and was still unable to function well with activities of daily living.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200300	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for out-of-plan, outpatient behavioral health therapist.	Reason for Decision: External review agency determined that the patient has reached a stable plateau in life and is not in crisis. Therefore, the patient can easily transition to another provider. The patient has shown the ability to form working relationships.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200302	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient's symptoms are chronic and has the patient has repeatedly failed to benefit from acute inpatient psychiatric care. Acute care is not the proper level of services for this patient.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200304	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the symptoms suggest a chronic personality disorder. It appears that the patient was at baseline level of functioning and would not benefit from further acute inpatient psychiatric services.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200305	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that seven additional days were required for active treatment of the patient's acute psychotic symptoms. The patient received benefit from the treatment, continued to display symptoms, and required 24 hour care.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200306	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that her history, lack of major medical complications, and degree of illness made residential treatment medically necessary.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200310	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that eight additional days were medically necessary for stabilization and treatment of acute symptoms, to complete all assessments, and prepare appropriate discharge and treatment plans. After the eighth additional day, services were no longer medically necessary.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200312	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan, outpatient behavioral health therapist.	Reason for Decision: External review agency determined that there are no indications that this provider is pivotal to treatment. Medical records revealed no characteristics, issues, or symptoms that would rule out a change to an in-network provider.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200313	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient's symptoms made the inpatient stay medically necessary. A low intensity setting would not be safe and would most likely result in harm according to the documentation provided.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200317	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient's history and lack of support mandated the need for additional days for stabilization. Continued inpatient stay was the most appropriate level of service for this patient.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200318	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that intensive behavioral therapy, aggressive med trials, and 24-hour monitoring of the eating disorder are justified in order for symptoms to improve and weight to adjust to a medically stable and safe level.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200320	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient had significantly improved by the last covered day. There is no evidence that the remaining days until discharge were medically necessary at the inpatient level of care.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200322	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient no longer displayed symptoms and could be safely treated in a partial hospitalization program.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200323	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient did not meet criteria for inpatient psychiatric hospitalization. There was no evidence that the patient's symptoms required treatment in a 24 hour care facility.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200325	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the symptoms of the patient hindered self care. The severity of symptoms made the patient a danger to self. Outpatient treatment had failed and inpatient care was medically necessary.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200326	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that evidence showed the patient would not agree to the discharge plan. However, by the discharge date the patient was in agreement with the discharge plan and had support outside the hospital to assist with follow through of the discharge plan.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200327	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for admission to inpatient behavioral health services at a psychiatric hospital.	Reason for Decision: External review agency determined that the patient was acutely psychotic and needed to be stabilized, observed, and tested for safety before discharge to a lower level of service.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200328	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient is chronically ill and needs ongoing psychiatric care. By the last covered day the patient could be discharged from acute to a partial hospital level of care for treatment of ongoing symptoms.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Out-of-Plan Provider
Case Number: 0200329	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at an out-of-plan psychiatric hospital.	Reason for Decision: External review agency determined that an inpatient level of care was not medically necessary for this patient. Unless the client was in emergent condition, medical necessity can not be met for a non-designated facility.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200333	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that twenty additional days were medically necessary for this patient. The patient continued to display symptoms and required close observation. After the twentieth additional day, the patient could have been discharged to an intensive outpatient program for follow-up.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200335	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient showed gradual improvement with appropriate treatments. After the last covered day, symptoms were no longer displayed. Treatment could have been provided at the partial hospitalization level of care.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200336	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that six additional days were medically necessary. The patient required the structure, support, and supervision of the inpatient unit. The patient could not have been maintained at a lower level of care.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200337	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan, outpatient behavioral health therapist.	Reason for Decision: External review agency determined that there are specific references in the medical literature documenting the need and effectiveness for specifically “cognitive control therapy” for non-verbal learning disorder. Services are available in the health plan’s network.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200337	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that four additional days were medically necessary. The patient still displayed dangerous symptoms and did not meet criteria for discharge to a lower level of care.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200341	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that two additional days were medically necessary. The patient continued to display symptoms above baseline. Acute inpatient treatment was necessary until the patient returned to baseline.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200442	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that two additional days were medically necessary. Ensuring that the plan for the patient to go to residential treatment was accomplished successfully was clearly important. However, two additional days was adequate time to discuss and resolve issues regarding residential treatment.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200345	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that two additional days were medically necessary. This is due to the patient's need for active treatment of symptoms. She showed improvement and could be treated at the partial hospital level of care after the second additional day.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200347	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient's thoughts and actions were much better organized and mood had stabilized. After the last covered day the patient still had some significant psychiatric symptoms, but they could have been safely and effectively treated at a lower level of care.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200349	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that three additional days were medically necessary. The patient continued to display symptoms and medications were actively being titrated. Following the third additional day, the treatment record showed adequate improved symptomology that could be treated at a lower level of care.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200351	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the records showed the patient was rapidly deteriorating into a gravely disabled state. The patient had failed all levels of lower care. Therefore, inpatient treatment was the only safe and effective treatment level at that time.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200352	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient is a risk due to behavior that is driven by worsening, untreated psychosis. Given the severity of psychosis, the patient needed to be admitted to an inpatient unit and treated appropriately.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200353	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient's illness does not meet criteria for continued coverage of inpatient services. There was no mention of psychosis as the primary cause of being gravely disabled. The patient could have been treated at a lower level of care.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200354	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for an out-of-plan, outpatient behavioral health therapist.	Reason for Decision: External review agency determined that changing providers would lead to agitation and preoccupation due to environmental stressors and functional impairment. This would be detrimental to the treatment.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200355	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient did not meet medically necessary criteria for acute residential care. The patient's need had been met and now needed long term treatment to address chronic symptoms.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200356	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that outpatient care would have been neither safe nor effective for this patient at this time. It is too soon to say the condition is “chronic” when an apparently active and effective treatment plan has not yet been completed with a failing result.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200357	Appeal Decision: Overturned
Case Summary: Patient requesting coverage beyond the last covered day for the partial hospitalization aspect of the residential treatment provided at a psychiatric hospital.	Reason for Decision: External review agency determined that partial hospital care was the lowest level of care that was medically necessary for this patient. Although the patient showed progress, symptoms were still too severe to be treated in an intensive outpatient program.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200358	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan, outpatient behavioral health therapist.	Reason for Decision: External review agency determined that the patient did not follow the proper procedure for obtaining coverage with an out-of-plan provider. Without pre-approved authorization the patient is not eligible for out-of-plan services.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200361	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that two additional days were medically necessary since the patient still had significant psychotic symptoms and required close monitoring.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200362	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that one additional day was medically necessary since the patient was not well enough for discharge without serious risk to help.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200365	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that although other patients at this level of acuity may have been safe to discharge to a lower level of care, this patient was not due to long term and recent history prior to admission. A longer inpatient stay was necessary to assure patient safety and stability of the outpatient environment.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200367	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that seventeen additional days were medically necessary. The patient was grossly disabled during this time. This was not from a chronic, underlying state, but rather mainly from an acute affective/psychotic episode which had not been seen in this patient before.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200369	Appeal Decision: Uphold
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient was functioning better by the last covered day and could have been treated at the partial hospital level of care.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200370	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that six additional days were medically necessary due to the severity of symptoms and worsening of clinical condition.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200372	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that two additional days were medically necessary due to the patient's significant psychotic symptoms and history. The patient needed significant discharge planning to meet clinical needs.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200373	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that imminent life threatening deterioration was expected if the patient was discharged before the last inpatient day. Even upon discharge the patient was struggling and was below the usual standard for safe discharge.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200375	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan, outpatient behavioral health therapist.	Reason for Decision: External review agency determined that there is nothing in the documentation submitted to indicate the patient's treatment can not be handled by an in-plan provider. Services are to be provided within the plan when they are available.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200378	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that if the patient had not remained in an intensive inpatient setting, the patient would not have been safe and would soon return to an inpatient setting. Recent clinical stabilization would have been lost had the patient been discharged.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200384	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient presented no symptoms or conditions that would have required the confines of a hospital or 24 hour supervision and monitoring.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200387	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan, outpatient behavioral health therapist.	Reason for Decision: External review agency determined that the health plan has indicated the ability to provide the insured with an in-plan provider who can provide the needed services. There is no evidence that in-network providers are not available, therefore, out-of-network benefits are not justified.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200391	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient's symptoms, history, and need for treatments strongly support inpatient stay until the discharge date. Risk for relapse would be high even at a partial hospital level of care.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200392	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient did not initially present with the acuity or treatment history that would warrant inpatient care. The patient warranted an attempt at outpatient treatment first.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200395	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient had progressed by the last covered day and no longer showed symptoms displayed upon admission. The patient had improved sufficiently to be transitioned to partial hospital care or a state facility.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200398	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient did not have signs or symptoms of co morbid medical or psychiatric conditions which would complicate recovery or which required 24 hour supervision.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200402	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient has not benefited from a variety of short term treatments at different levels of intensity. The patient is dangerous to self even without suicidal ideation.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200406	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan, outpatient behavioral health therapist.	Reason for Decision: External review agency determined that although outpatient therapy is medically necessary in this case, this type of treatment is well within the scope of practice of any board certified psychiatrist which can be found within the health plan's network.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200409	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient's symptoms are currently unmanageable and are typically not treated in the short amount of time allowed by the health plan. Inpatient services are medically necessary.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200412	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient continued to display symptoms and discharge before the last inpatient date of service would have put the patient at unacceptable risk.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Out of plan Provider
Case Number: 0200413	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient met criteria for coverage and had little chance to improve sufficiently for an intermediate level of care, such as partial hospital care, until the patient had a complete cessation of symptoms 24 hours a day.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200415	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for an out-of-plan, outpatient behavioral health therapist.	Reason for Decision: External review agency determined that a skilled therapist was unavailable and the patient's symptoms were severe, and the need for intervention was immediate. The patient's clinical features, diagnosis, and history were complex supporting the need to seek treatment from a provider who was skilled in the treatment of the patient's condition.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200417	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient's acute symptoms persisted and progress toward goals was well documented and earlier discharge would have likely resulted in exacerbation of symptoms. The patient's care met criteria through the entire stay.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200418	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan, outpatient behavioral health therapist.	Reason for Decision: External review agency determined that there is no evidence of clinical problems requiring this provider's former knowledge of the patient. Another therapist would be able to counsel this patient. There is no clinical reason a therapeutic relationship could not be formed with an in-plan therapist.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200419	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that one additional day was medically necessary. Symptoms and statements by the patient are evidence that interventions outside the hospital setting would have led to a deterioration in mental health functioning, a specific admission criteria for hospitalization.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200423	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient had progressed by the last covered day and no longer displayed symptoms shown upon admission. The patient improved sufficiently to be transitioned to a partial hospital or state facility.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200426	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient's symptoms had not diminished by the last covered day. The patient continued to require the stabilizing structure of the acute inpatient setting until discharge.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200427	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the facility does not provide the type of care it appears the patient needed. The patient required a more acute and medically supervised setting, however, this was not provided.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200429	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that there was no evidence of symptoms that the patient had presented with upon admission after the last covered day. The patient could have been treated in an outpatient setting.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200431	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that after the last covered day, the patient appeared to be free of all symptoms. There were no medical or psychiatric conditions requiring inpatient treatment.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200432	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that despite prior treatment, the patient's life had become unmanageable. The patient's symptoms and previous relapses required additional dates of service beyond the last covered day.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200434	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient required seven additional days of inpatient care, however, after the seventh day the patient was well enough to be in a partial hospital program. The health plan should only cover for a partial hospital level of care beyond the seventh additional date of coverage.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200438	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient made a slow but progressive recovery. Given the severe and episodic nature of the patient's illness 24 hour nursing care was necessary and appropriate throughout the stay.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200439	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient had improved and appeared to be in the hospital to await residential placement. The patient was stable and no symptoms were offered which justify continued inpatient hospitalization.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200440	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient was compliant, stable, and appeared to be back at chronic illness baseline state for this patient. The patient was appropriate for treatment in a partial hospital program.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200441	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the services being provided while inpatient required additional treatment and monitoring. The patient would have been unable to meet care needs outside the hospital setting. Also, significant discharge planning coordination was needed to ensure care needs would be met.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200442	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that six additional days were medically necessary. After the sixth additional day, the patient would have been able to be treated at a partial hospitalization level of care.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200443	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient had clearly improved, but continued to show symptoms and was not completely stabilized. Continued inpatient stay was medically necessary.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200445	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient's symptoms continued unchecked until discharge. The patient could not have been treated in a partial hospital level of care.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200449	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient continued to need services until the date of discharge. However, the patient did not require acute inpatient services, but only partial hospital care which should be covered by the health plan until discharge.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200452	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that there is no documentation to show that symptoms persisted beyond the last covered date of service.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200462	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan, outpatient behavioral health therapist.	Reason for Decision: External review agency determined that the patient has shown improvement and is not at risk of harm if transferred to a qualified in-plan provider with the transitional visits authorized by the health plan.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200464	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that four additional days were medically necessary since the patient continued to display significant symptoms. Treatment should continue to be covered until the fourth additional day when the patient had recovered more fully.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200466	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that six additional days were medically necessary. The patient's continued severity of symptoms required additional days of treatment. After the sixth additional day, however, the patient did not display symptoms requiring 24hour monitoring or supervision.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200467	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan, outpatient behavioral health therapist.	Reason for Decision: External review agency determined that given the patient's described symptoms, acute inpatient evaluation proposed by the health plan is reasonable and consistent with standards of care and clinical practice. Outpatient therapy does not represent the most appropriate level of care for this patient at this time.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200469	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that upon admission the patient quickly re-compensated within the structure of the inpatient setting. The patient no longer displayed symptoms following the last covered date of service.

Appeal Type: Behavioral Health	Appeal Category: Outpatient Out-of-plan Provider
Case Number: 0200470	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for an out-of-plan, outpatient behavioral health therapist.	Reason for Decision: External review agency determined that the patient's illness and proposed treatment is not so complex or unique that it is medically necessary for this patient to receive care from an out-of-plan provider.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200471	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that despite previous treatments, the patient continued to deteriorate. Acute residential level of care was medically necessary for this patient. A second attempt at partial hospital care would not have altered this patient's pattern.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200473	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient continued to have the problems that caused admission. Alternative placement in a partial hospital program would likely have exacerbated symptoms necessitating readmission.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200474	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that by the last covered day the patient had reached a level of stability as evidenced by the absence of further improvement in the patient's condition. The patient had received maximum benefit from inpatient hospitalization.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200478	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the patient's symptoms did not require an inpatient or acute residential level of care.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200482	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that the documentation confirms the admitting hospitals assessment that the patient did not require inpatient hospitalization. Clinical information available reveals that outpatient treatment was indicated.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Not Medically Necessary
Case Number: 0200488	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient behavioral health services at a psychiatric hospital beyond the last covered day.	Reason for Decision: External review agency determined that twenty eight additional days were medically necessary. Difficulty in managing the patient's symptoms and rapid cycling is well documented. The patient was having a slow response to treatment. The patient would have been at high risk for readmission if discharged before the twenty eighth additional day.

Appeal Type: Behavioral Health	Appeal Category: Inpatient Care Out-of-plan Provider
Case Number: 0200492	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient behavioral health services at an out-of-plan psychiatric hospital.	Reason for Decision: External review agency determined that there is no evidence of symptoms requiring immediate inpatient admission. It was not the most appropriate level of care for this patient at that time.

